



Indiana Truck Pulling Association

Membership Application

Year: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____ Text: Yes or No
(Required to reach you in the event of a cancellation, will not be given out without approval)

Email: _____

As a member of Indiana Truck Pulling Association, hereinafter referred to as ITPA, I agree to abide by all rules of ITPA set forth in all current rules, and adhere to all decisions of the tech official at all times. If a legitimate complaint occurs, I will follow the steps outfitted in protest procedure to settle the matter. I also agree to not enter into any litigation against ITPA, its officers, board of directors or tech officials. In the event your membership is terminated the membership dues are non refundable.

Date: _____ Signature: _____

Social Security Number: _____
(must be provided for tax purposes)

Date of Birth: _____

Information below to be filled out by Secretary/Treasurer

Advertisements Sold: \$ _____

Membership Fee: \$ _____ Paid Cash or Check # _____

Installments Paid: _____

Received By: _____